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MINISTRY OF HEALTH  
CENTRAL HEALTH SERVICES COUNCIL

# The Post-Certificate Training and Education of Nurses

*A report by a Sub-Committee of the Standing Nursing  
Advisory Committee*

LONDON  
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*CENTRAL HEALTH SERVICES COUNCIL*

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CENTRAL HEALTH SERVICES DIVISION

THE POST-CERTIFICATE TRAINING  
AND EDUCATION OF NURSES

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## I. INTRODUCTION

1. At their meeting on the 30th January, 1963, the Standing Nursing Advisory Committee set up this Sub-Committee to advise on matters remitted to them by the Committee in relation to the post-certificate education of nurses.

2. In their report in 1962 on in-service training for nursing staff the Standing Nursing Advisory Committee have already stated the need for hospital authorities to arrange in-service training for qualified nurses in their employment, including refresher courses, and induction courses for new staff. We have dealt with in-service training of this kind only in so far as it affects the pattern of post-certificate training which we now recommend.

3. After an initial general review of post-certificate training and education of nurses, we decided to confine this report to the requirements of registered nurses in general hospitals, up to the grade of Ward Sister. We realised the need to make recommendations relating to registered nurses in other branches of nursing and to enrolled nurses, but we saw that to cover the whole field would take a long time. It seemed better to take one part of it at a time and in particular to defer consideration of the needs of nurses in grades above Ward Sister until after the Salmon Committee had reported. Although the Salmon Committee's terms of reference extend to preparation for the administrative functions of Ward Sisters, this is only one aspect of the Ward Sister's work and it seemed therefore that we could usefully consider the needs of Ward Sisters comprehensively.

4. We have kept the Salmon Committee informed of our ideas on the preparation of Ward Sisters for management. We have not considered the preparation of registered nurses for further statutory qualifications.

5. Our meetings have been attended by Miss Raven, Miss White, Miss Biddulph and Miss Simpson of the Ministry of Health. Our first meeting was held on the 30th April, 1963 and we have met eleven times in all.

6. We are indebted to the Nursing Division of the Ministry of Health for collecting information about existing training courses and to the following bodies and individuals who gave evidence:—

The King Edward's Hospital Fund.

The Royal College of Midwives.

The Royal College of Nursing.

Miss J. P. A. Campbell, Regional Nursing Officer, South West Metropolitan Regional Hospital Board.

Miss J. E. Clark, Regional Nursing Officer, South East Metropolitan Regional Hospital Board.

Miss O. E. Copeland, Regional Nursing Officer, Leeds Regional Hospital Board.

Miss M. J. Sargeaunt, Principal, Queen Elizabeth College, University of London.



7. DEFINITIONS: Our use of certain terms is explained in the following definitions:—

*Post-certificate*—After qualification as a nurse.

*General hospital*—Any hospital other than one wholly for the treatment of psychiatric illness.

*Formal course*—A course held, outside a hospital, at an educational institution including any centre established by a Regional Hospital Board.

*Clinical course*—A course in specialist nursing held in a hospital and organised by a hospital or a group of hospitals.

*Refresher course*—A short course to keep nurses informed of new developments or to prepare qualified nurses to resume nursing after a period of absence.

## II. THE NEED FOR POST-CERTIFICATE TRAINING AND EDUCATION

8. The training received by student nurses does not of itself prepare them for all the duties a nurse may be called upon to perform throughout a nursing career. Further preparation is necessary, which cannot be derived exclusively from practical experience and private study; these need to be supplemented by positive instruction and opportunities for further development. The kind of further preparation needed varies at different stages of the career.

9. In the first place only a limited range of clinical experience can be provided during the course of training before qualification and this may need to be supplemented by further training before full responsibility as a Staff Nurse can be undertaken in specialised departments such as orthopaedic and ophthalmological nursing.

10. Thereafter the educational need is two-fold:—

- (a) There is a need for continuing education to enable nurses to keep up with new knowledge. If they fail to do so, the consequent lack of understanding of their work may lead to dissatisfaction, inefficiency and unrest: short courses of instruction, including refresher courses, can help to prevent this.
- (b) There is need for specialist training in particular fields of work, for example, preparation for the administrative and teaching aspects of a Ward Sister's post and preparation for nursing in a special field. This can be met both by formal and by clinical courses.

11. The more senior nurse in an administrative post needs the opportunity to take a broad view of the changing pattern of nursing, by means of courses, seminars and conferences. These are particularly useful if they include sessions attended by senior hospital administrators. No further reference is made to such preparation of nurses in posts above the level of Ward Sister, since this is in the province of the Salmon Committee.



### III. COURSES NOW AVAILABLE

12. In consequence of the realisation of these needs training courses of various kinds have been instituted. Their scope is discussed briefly below.

#### A. COURSES OF CONTINUING TRAINING AND EDUCATION

13. General courses for continuing training and education usually take the form of refresher courses, study-days and joint conferences with medical and other professional staff. They are arranged by individual hospitals, Regional Hospital Boards and by such institutions as the Royal College of Nursing and the King Edward's Hospital Fund.

14. *Royal College of Nursing.* Refresher courses for all grades of qualified nursing staff lasting from three to fourteen days are arranged in London and at other centres by the Royal College: none are compulsory though some have been recommended to employing authorities by the Ministry. They are usually residential. Study group leaders are used to guide discussions within groups. Many have been organised to meet a special need, for instance, after the passing of the Mental Health Act, 1959. In addition to refresher courses a one-week course is provided for Ward Sisters in personnel management. The Royal College of Nursing also organises conferences which bring together groups of people of various kinds working in the health service.

15. *Hospital authorities.* All Regional Hospital Boards arrange courses and most boards have established training centres. The courses are usually from one day to a week in duration, and some are residential. They are mainly concerned with developments in the hospital and nursing services; and subjects include public speaking, personnel management and work study. Day conferences are organised for Ward Sisters and sometimes for Staff Nurses. In one region "Training within Industry" courses are being organised locally within hospital groups. Some hospitals arrange evening courses for their staff at local technical colleges and in some groups there are inter-hospital study conferences on clinical and administrative subjects. More and more refresher courses ("back to nursing") are being arranged to encourage qualified nurses to return to hospital work.

16. *King Edward's Hospital Fund.* The Fund held residential refresher courses lasting four weeks, at their Staff College for Ward Sisters and Charge Nurses, chiefly for nurses from the four metropolitan regions. There are no formal lectures; the methods used are discussion groups, syndicate work and case studies. All the courses are directed to administration, except one for psychiatric hospital staff which is also clinical.

17. *Other educational institutions.* As mentioned in paragraph 15 above, some education authorities provide courses suitable for nurses (e.g., "teaching in the ward situation") in technical colleges. Elsewhere their staff have been invited to come into the hospital and teach: courses have been organised, using the staff of the education authority, on "teaching in the ward situation" and on "attitudes of staff to patients"; one such course extended over eight weeks, with one session of two hours each week.



## B. COURSES FOR SPECIALIST EDUCATION IN PARTICULAR FIELDS OF WORK

18. *Clinical courses.* Clinical courses, for example, in theatre work, neuro-surgical, thoracic and cardiac nursing are provided in individual hospitals. The range of these courses is indicated by the list in Appendix I. Usually—though with the assistance of tutorial staff—they are run as in-service training from the Matron's office. The primary purpose of some seems to be to recruit staff by attracting nurses into temporary employment, and the instruction given is limited. This may account for there being a disproportionate number with a popular appeal, for example, in premature baby nursing, while well designed courses in less popular subjects often fail to attract applicants. Most are six to twelve months in duration and certificates are usually issued on completion. Some courses include formal lectures by medical staff and other hospital staff; in others teaching takes place only in wards and departments. There are also courses which prepare registered nurses for certificates offered by a nationally recognised body, such as the certificate in orthopaedic nursing which is administered by the British Orthopaedic Joint Examination Board.

19. *Formal courses.* Formal courses in specialist education are provided both by educational institutions, such as the Royal College of Nursing and colleges of advanced technology, and by voluntary agencies, such as the King Edward's Hospital Fund. In addition Regional Boards are beginning to organise short courses of preparation for the post of Ward Sister. The Royal College of Nursing provides a three months' course designed to prepare nurses for the teaching and administrative functions of a Ward Sister, at its centres in London and Birmingham. The courses established themselves slowly but demand has increased over the past two years. In London there are facilities for three courses a year, each taking thirty students and the course at Birmingham is for twenty-five students. Candidates are selected by interview, references and an educational test: most are sponsored by their employing authorities but some apply independently. There is a syllabus covering professional topics, followed by an examination and the award of a certificate. The preparatory course for Ward Sisters arranged by the King Edward's Hospital Fund is residential, and also of three months' duration; no certificate is awarded. There are usually two courses a year, each for about twenty-two students, mainly nominated by hospitals in the four metropolitan regions. There is no fixed syllabus, but three main subjects are included in each course—ward administration, ward teaching and staff relationships. Subjects of topical interest form the basis for discussion throughout the course. Some Regional Boards now also organise short formal courses (usually lasting a week) in preparation for the post of Ward Sister. Some are restricted to Ward Sisters and Charge Nurses, others include Staff Nurses. In addition, the William Rathbone Staff College at Liverpool, hitherto concerned only with courses for public health nurses, now arranges one for Ward Sisters.

## IV. PRESENT DIFFICULTIES AND DEFICIENCIES

20. While there is great activity in arranging training courses, the results are, in total, disproportionate to the efforts exerted.

21. The *clinical courses* of specialist education at present available undoubtedly play a useful part in providing post-certificate experience, but the value of some of those run by hospitals is doubtful. There are a number of causes:—

- (i) They are often not primarily educational, but originate in the need to recruit staff.
- (ii) Matrons lack models on which to base their courses and their resources may be limited by lack of experience, of assistance and of finance for lectures and equipment.
- (iii) The geographical distribution of courses is uneven: this is attributable partly to their being used as a staffing device.

22. *Formal courses* of specialist education are adversely affected by difficulties which nurses experience in obtaining release to attend. Moreover they are available at too few centres and only a small proportion of registered nurses have received formal preparation for their job.

23. *Courses of continuing training and education* for nurses are held quite extensively throughout the country, but attendance at them is unsystematic and uncomprehensive in comparison with the arrangements made for midwives by the Central Midwives Board. The concept of systematic and progressive education for the registered nurse receives little recognition.

24. Courses at present are mainly designed for a nursing service consisting of full-time staff. This does not take account of the fact that an increasing number of registered nurses are married women who work part-time; between 1948 and 1964 the proportion of registered nurses working part-time in England and Wales has increased from 13% to 26%.

## V. PROPOSALS FOR THE FUTURE

25. Our conclusion is that a substantial improvement in this situation can be obtained by the better deployment of present resources as well as by adding to them. The key lies in organisation, so that each agency recognizes the part it is best fitted to play in a national scheme and receives the requisite support in fulfilling it. In the conception of such a scheme there are some general considerations to be taken into account.

### A. GENERAL CONSIDERATIONS

26. Proposals for improvement must be realistic: that is, they must take account of where responsibility lies; of the control of sources of finance; and of limitations imposed by the numbers and the personal situation of the nursing staff.

27. *The responsibility* to prepare for work undertaken is, in the first instance, that of the registered nurse. In this work she has the support of her profession, through her senior colleagues, professional associations and interested educational bodies; nurse administrators in particular have an important duty of career guidance, in encouraging young nurses to train further for work for



which they show aptitude, and in identifying conspicuous talent for development. Secondly, employers—that is Hospital Management Committees and Boards of Governors—have a responsibility since they are concerned with the efficiency of the nursing services within their groups, and they also have an obligation to give staff all reasonable opportunity for advancing their professional education. There is the further consideration that techniques for treatment of patients are becoming more complicated and costly and for their economical use nurses need careful training. Finally, Regional Boards and the Ministry of Health have a less immediate, but more general interest in the efficiency of the hospital services as a whole.

28. For *finance*, individual nurses, and organisations and institutions which give professional training, are heavily dependent on the employing authorities. Hospital Management Committees and Boards of Governors may grant study leave without pay or expenses, or with pay but without expenses for periods up to 13 weeks. Leave up to this maximum with pay and expenses is authorised by Regional Boards or Boards of Governors, who may also authorise leave for longer periods up to 12 months without pay or expenses. The approval of the Minister must be obtained (through the Regional Board where Hospital Management Committees are concerned) where leave with pay or expenses is proposed for a period over 13 weeks, or for any leave for more than 12 months.

29. *Other factors* to be taken into account are the number of nurses to be trained and the extent to which their mobility is restricted or their nursing employment transitory. The numbers of Staff Nurses and Ward Sisters in general (i.e., other than psychiatric) hospitals on 30th September, 1964, are shown in the following table.

				Table 1		
				Whole-time	Part-time	Total
Ward Sisters	...	...	...	17,189	3,169	20,358
Staff Nurses	...	...	...	14,011	14,018	28,029

The total numbers of Staff Nurses and Ward Sisters for whom post-certificate training is to be provided are thus very large. The proportion of those who work only part-time is high and is increasing (see paragraph 24 above). A survey\* carried out in 1958 showed that 77% of the married Staff Nurses included in it were working part-time; 56% of the part-time staff had had a break in service during their married life; while 57% of the full-time Staff Nurses intended to leave their then present positions within a year. Both marriage and part-time working, as well as impermanence of employment, thus present difficulties in providing further training.

B. COURSES TO BE PROVIDED

30. So far as possible courses should be adapted to the requirements of nurses with family commitments as well as of those who pursue a comparatively uninterrupted whole-time nursing career. Courses for the former will need to be short, generally non-residential and not too far from participants' homes; and this is particularly necessary for refresher courses aimed at attracting

\*Dan Mason Nursing Research Committee, 1960. *The Work, Responsibilities and Status of the Staff Nurse*.



qualified nurses back to hospital work. Our proposals are set out in relation to the consecutive stages of a nursing career.

(1) *The newly qualified nurse*

31. The newly qualified nurse needs continuing supportive in-service training, including study days, to broaden and deepen the knowledge of nursing practice acquired during training and to develop the administrative and teaching abilities necessary for the job of Staff Nurse. As explained in the Standing Nursing Advisory Committee's report on in-service training and education in 1962, combined in-service training can be arranged for more than one grade of staff: it should be provided in the hospital setting as an essential part of good management practice. It can sometimes be conveniently arranged on a hospital group basis rather than for the staff of a single hospital. In this way it may be possible to provide more interesting courses and to deploy resources more economically, both of personnel and of physical facilities. The same considerations apply to "back to nursing" courses, for nurses returning after an absence of years, either full-time or part-time. It is also useful for a newly appointed Staff Nurse, as for any other newcomer to a hospital, to undergo a short introduction course to learn its ways of working.

(2) *Preparation for work in specialised departments*

32. Preparation for taking full responsibility as a Staff Nurse in a specialised department—for instance, where cardiac or thoracic nursing is undertaken—is also needed. For this it may be impossible to provide the necessary training in the hospital in which the nurse is employed, and it will be desirable to designate certain hospitals as training centres for particular specialties, according to their clinical and teaching resources. Facilities and teaching expertise for clinical courses could then be used to the best advantage. The designation and development of centres in accordance with regional needs should be the responsibility of Regional Hospital Boards. A hospital proposing to advertise a clinical course in a particular specialty would first satisfy the Board that it could provide courses of the required standard and it would then be designated as an approved centre. Not all hospitals able to meet the standards would necessarily be designated.

33. In considering whether to designate a hospital as a centre for clinical courses in a particular specialty the Regional Board should have regard to the following points:—

- (i) Duration: the course should not exceed the length specified for the specialty.
- (ii) Object: there should be a programme of the course, stating its aim clearly and concisely.
- (iii) Content: each course should include theory and practice in accordance with an approved syllabus (see paragraph 44).
- (iv) Instruction: there must be competent lecturers to cover the theoretical content.
- (v) Tutor: there must be a designated tutor to the course, responsible for arranging both the programme of theoretical instruction and for adequate clinical instruction to be available.

- (vi) Facilities for study: these must be adequate and include a library of appropriate reference and text books.
- (vii) Facilities for practice: the level of staffing and equipment in the clinical area must be up to an approved standard.
- (viii) Educational programme: each student should receive and follow a planned programme, providing for practical experience to be integrated with theory.

34. As a specimen of what is recommended, we have drawn up, in Appendix II, a programme and syllabus for a course in cardiac and thoracic nursing (such as might be held in a Regional centre for the specialty). The standards would vary for clinical courses in the different specialties but the specimen gives the headings under which Boards would need to specify standards for all courses and shows the kind of information which should be included in the programmes to be provided for participants. The organisational implications of Boards' new responsibilities are discussed in paragraphs 44 and 45 below.

### (3) *Preparation for posts as Ward Sister*

35. The problem of releasing staff already in short supply, and of diverting resources to provide for their further training, is a difficult one for hospital authorities. The fact remains that the Sister needs knowledge and skills additional to those acquired as a student in training and which cannot be acquired exclusively from subsequent practice. The aim therefore should be for all Sisters to undertake some further formal training, preferably before taking up a post. The aim of such formal courses would be the same as those for existing courses—to give instruction in ward administration, in training methods and in the health and welfare and other social services available to patients.

36. There are two difficulties in the way of extending to all nurses taking up posts of Ward Sister the kind of formal training now available for a limited number: first, that of providing sufficient training centres with the necessary facilities; second, that of releasing greater numbers of nurses. It follows that the duration of courses must be kept as short as possible, and that new training facilities will have to be developed. For several reasons it seems desirable that they should be provided, at least partly, outside the hospital in which the Ward Sister is to be employed: those attending should be freed from responsibility for patients if they are to be able to apply their minds to acquiring new ideas and skills; courses should impart theoretical knowledge and provide opportunity to profit from experience outside a particular hospital for such a widening of experience can produce a more flexible attitude towards practice. With these considerations in mind, we suggest that there is a need to explore the contribution which other establishments, already provided for educational purposes, might be prepared to make, and that the responsibility for organising facilities capable of providing courses for Ward Sisters (both those in post who have hitherto undergone none but are capable of benefiting from such training, and those to be newly appointed) should rest with Regional Hospital Boards.

37. For newly appointed Ward Sisters we suggest a four-week preparatory course. A specimen programme and outline syllabus for such a course is given



in Appendix III. It would be given at a centre established by a Regional Hospital Board or at centres provided by educational institutions, professional bodies or voluntary agencies in accordance with the scheme for the Region. It is desirable that there should be national co-ordination of the scope of the syllabus. This should be kept under constant review to prevent it becoming out of date. The outline syllabus now proposed will need to be revised in the light of any recommendations made by the Salmon Committee.

38. Apart from such formal preparation, Ward Sisters could participate, with other ward staff new to the hospital, in the short induction courses referred to in paragraph 31 above.

39. For those experienced Ward Sisters who have not hitherto attended a preparatory course, it would take too long and probably be unnecessary to provide four-week courses for all. We suggest the provision of two-week courses for all such Ward Sisters in post for whom formal preparatory courses seem suitable. The rate at which the courses can be provided will vary between regions according to the proportion of Sisters who have already had training and the facilities available. The aim should be to ensure that within the next five years all will have received some formal preparation. A specimen programme and syllabus for such a two-week course is given in Appendix IV.

#### (4) *Refresher courses*

40. Refresher courses must be as imaginative and varied as possible and within limits the more organisations offering them the better. The initiative will largely come from the profession itself in response to changing conditions. There is no need therefore to promote uniformity in their content or scope.

41. The possibilities of courses and conferences are not always fully realised because the participants do not meet to evaluate them or to discuss projects they have undertaken as a result of a course. There should be more attempts to assess the value of courses. One way of doing this is by the subsequent attendance of participants at day conferences or discussion week-ends.

### C. ORGANISATION OF TRAINING

42. The primary concern of *Hospital Management Committees* is with the efficiency of their own services. With them accordingly should rest the responsibility for in-service training, including refresher courses, for their own staff. Some hospitals would be designated by Regional Hospital Boards as approved centres for clinical courses in a particular nursing specialty: only these should advertise clinical courses, award a certificate for a particular course of training and be eligible for special financial support for their training activities from Regional Boards. Hospitals providing normal in-service training only should not, in advertisements for staff, claim to provide post-certificate clinical courses.

43. To assist in the organization of courses and to ensure that proper teaching methods are used, it is desirable that there should be fuller participation in post-certificate training by tutorial staff than has hitherto been possible. For under present arrangements, they are employed only for training conducted in accordance with the requirements of the General Nursing Council. The additional duties are unlikely to be burdensome or to interfere with the primary



functions of the tutorial staff, but the General Nursing Council will need to be assured that the number of tutorial staff within a hospital is such that the training of student nurses will in no way suffer if these additional duties are placed upon tutors.

44. *Regional Hospital Boards* would supplement and control the efforts of Hospital Management Committees:—

- (i) Through their Nursing Officers and Training Officers, they would advise Hospital Management Committees on in-service training.
- (ii) They would organise study-days and conferences for nursing staff: these could include occasional follow-up study days to assess the merits of courses held previously.
- (iii) They would lay down standards to be met by hospitals proposing to offer post-certificate clinical courses, designate centres for providing them and assist in their organisation. This control of clinical courses should be exercised with the assistance of a Regional Steering Committee, consisting of nurse tutors and medical and nursing staff expert in particular specialties drawn from Regional Board hospitals and teaching hospitals operating within the Region: panels could be formed to deal with clinical courses in the various specialties.
- (iv) They would promote refresher courses suitable for attendance by nurses from hospitals within the Region.
- (v) They would organise facilities for newly appointed Ward Sisters to attend an approved 4-week preparatory course and for those already appointed, and who have not hitherto received any formal preparation to attend an approved 2-week course. The Regional Steering Committee, augmented with administrative nursing staff, might be given responsibility for approving centres to provide the courses and for supervising their organisation and syllabus. A final decision on the best way of organising these courses should not be made until the Salmon Committee has reported.
- (vi) They would provide a clearing house for information and courses available and should ensure that the lessons of experience are considered and fed back to those organising courses.

45. If these increased responsibilities for post-certificate nurse training and education are to be discharged by Boards, it will be essential for their staff to be reinforced. The Nursing Officers of Boards will have to keep in close touch with the officers of Hospital Management Committees, the Royal College of Nursing, bodies of further education and voluntary agencies such as the King Edward's Hospital Fund in formulating proposals. The Regional Training Officer may be able to assist in the arrangement of courses provided by Boards and assist Hospital Management Committees with the organisation of clinical and other courses in their hospitals. The financial implications of these proposals are discussed in paragraph 51 below.

46. *Boards of Governors*, like Hospital Management Committees, would have the responsibility for the in-service training of their nursing staff. For post-certificate training it would be best for them to participate in regional arrangements and to be represented on Regional Steering Committees. If teaching hospitals were to organise their own post-certificate training independently, this might conflict with the efforts of Regional Boards and Hospital Management Committees, especially as regards clinical courses.

47. *Other educational institutions.* There can be distinguished:—

(a) institutions whose educational activity originates in their interest in nursing—for example, the Royal College of Nursing and the King Edward's Hospital Fund;

(b) those such as the universities and technical colleges, whose interest in nursing arises from their educational activity.

Each class has a distinctive role, but both can give valuable support to the Regional Boards in their educational activities.

48. Those in the first class have been the pioneers of nursing education and have generated interest and activity in those of the second, as well as in hospital authorities. We hope they will continue their efforts, especially in reviewing the changing needs of the nursing profession and devising new courses to meet them, either directly or through other agencies. With the expansion of post-certificate training it may be expected that, while expanding their present efforts, they will provide a proportionately smaller part of total facilities than at present. In the long term the provision of shorter courses of preparation of Ward Sisters might have repercussions on the 3-month Ward Sisters' courses provided by the Royal College of Nursing and the King Edward's Hospital Fund. It may be that in the future they would be developed into courses of preparation for a level higher than that of Ward Sister: in the meantime they will continue to serve a most useful purpose.

49. Some educational institutions, such as technical colleges, could take a larger share in post-certificate training than in the past. This is in accordance with the trend of increased participation by them in vocational training formerly given by professional institutions. The extent to which advantage is taken of this would depend largely on the initiative of professional organisations and of hospital authorities. As regards professional nursing subjects, the role which many technical colleges can play is probably limited to providing accommodation, with tutorial staff coming from the hospitals; but they can provide courses on general subjects and might be able to assist by means of day-release courses. The part which universities can play in post-certificate training up to the level of Ward Sister is likely to be limited because at this level, for the most part, short courses only are needed.

50. *National co-ordination.* We have considered whether there is scope for a new national body to control post-certificate training and education. There are a number of functions for such a body—to determine the clinical specialties in which clinical courses are desirable; to lay down national standards to be met by hospitals providing courses; to control the syllabuses for courses; to



co-ordinate the activities of Regional Boards; to prescribe methods of assessing the proficiency of students; and to award certificates to successful students. There are advantages in a system whereby a national body would carry out these functions, in consultation with the Ministry of Health and the nursing and medical professions, leaving regional bodies to organise the provision of courses; for in its absence standards might vary unduly between regions. On the other hand there are difficulties, for its membership would have to be very large to accommodate representatives of all the nursing specialties; and it might prove insufficiently flexible to respond to changes in needs for post-certificate clinical training. The requisite degree of uniformity might better be sought therefore by means of consultation between the Ministry and the nursing and medical professions. Together they could settle the new pattern of post-certificate training, including standards for the award of certificates for post-certificate clinical courses. For we consider that the award of certificates proves a useful incentive to those taking courses as well as a useful guide to hospital authorities in appointing staff in a ward or department undertaking specialist nursing.

#### D. FINANCIAL IMPLICATIONS

51. We realise that our recommendations will have financial implications both for hospital authorities and for nurses. Some increase in the budgets of Regional Hospital Boards and Boards of Governors will be necessary to finance the increased provision of post-certificate nurse training. If a greater degree of financial control were vested in Regional Boards this should assist them to discharge their functions, particularly those relating to designating centres for clinical courses. The extra cost would be justified by the improved service and there would be economies in sharing facilities, such as libraries, with medical and other staff. Participants in clinical courses would not be entirely supernumerary but would contribute to service. For establishing nursing complements post-registration students might be considered as contributing three-quarters of their time to service; so allowing for one quarter to be devoted to a planned educational programme. Nursing staff participating in approved courses should not be expected to pay fees and they should be reimbursed for any additional expenses they incur. For tutorial staff employed in post-certificate training, it may be necessary for there to be a minor adjustment in the allocation of their salaries as between funds controlled by the General Nursing Council and those controlled by hospital authorities. This is a matter which would need to receive consideration both by the Ministry and by the Council, since at the present time the salaries of tutorial staff can be met by the Council only if they are wholly engaged in the training of student or pupil nurses.



## APPENDIX 1

(See paragraph 18)

## CLINICAL COURSES

The following is a list of clinical courses known to have been available at non-psychiatric hospitals in 1963. Courses for enrolled nurses are not included. The list is not claimed to be comprehensive.

Region or group of Teaching Hospitals	Subject of course (i.e. clinical specialty or department)	Number of courses	Length of courses
London Teaching Hospitals	Cancer	1	6 months
	Dermatological	1	12 months
	Diseases of the rectum and colon	1	6 months
	E.N.T.	1	12 months
	Heart	1	12 months
	Neurosurgical	1	12 months
	Ophthalmic	1	12 months
	Plastic surgery and burns	1	6 months
	Theatre	1	6 months
	Theatre technique	1	12 months
	Urological	1	12 months
Provincial Teaching Hospitals	Anaesthetics	1	6 months
	Gynaecology	1	6 months
	Neurosurgery	1	6 months
	Plastic surgery	1	6 months
	Premature baby and neo-natal	1	4 months
	Respiratory paralysis	1	12 weeks
	Tetanus and respiratory failure	1	6 months
	Theatre	2	9-12 months
	Thoracic surgery	1	6 months
	Thoracic surgery and respiratory paralysis	1	6 months
Newcastle	Neurological	1	6 months
Leeds	Thoracic, medical and surgical	1	12 months
	Thoracic surgery	1	6 months
	Theatre	1	6 months
Sheffield	Analgesic course	1	2 weeks
	Casualty	1	6 months
	Ophthalmic	1	12 months
	Orthopaedic	1	12 months
	Oto-rhinology	1	12 months
	Plastic surgery	1	6 months
	Premature baby	4	(unknown)
	Theatre	1	6 months
East Anglian	Thoracic	1	6 months
N.W. Metropolitan	General theatre	1	6 months
	Neurosurgical	1	6 months
	Orthopaedic	1	12 months
	Plastic surgery and treatment of burns	1	6 months
	Premature baby	1	6 months
	Radiotherapy	1	6 months
	Recovery ward	1	3 months

APPENDIX I—*continued*

Region or group of Teaching Hospitals	Subject of course (i.e. clinical specialty or department)	Number of courses	Length of courses
N.W. Metropolitan — <i>contd.</i>	Thoracic	3	12 months
	Thoracic surgical	1	6 months
	Thoracic theatre	1	6 months
N.E. Metropolitan	Casualty and outpatients	1	6 months
	Poliomyelitis	1	6 months
	Premature baby	1	6 months
	Respiratory paralysis disease	1	2 months
	Theatre	6	6 months
S.W. Metropolitan	Acute poliomyelitis with respiratory failure	1	12 weeks
	Acute neuroses	1	6 months
	Casualty	1	6 months
	Casualty and outpatients	1	12 months
	E.N.T.	2	6 months
	Gynaecology	2	6–12 months
	Infectious diseases	1	12 months
	Medical	1	6 months
	Nursing of emotional illness	1	12 months
	Ophthalmic	1	12 months
	Orthopaedics	1	12 months
	Paediatrics	2	12 months
	Surgical	1	6 months
	Theatre technique	2	6 months
	Theatre	7	6–12 months
	Thoracic nursing	3	12 months
S.E. Metropolitan	Aural nursing	1	12 months
	Casualty	2	6 months
	Casualty and outpatients	4	6 months
	E.N.T.	2	12 months
	Gynaecology	1	6 months
	Infectious diseases	1	6 months
	Neurosurgery	1	6 months
	Ophthalmic	1	12 months
	Ophthalmology	1	12 months
	Outpatients	2	6 months
	Poliomyelitis	1	4 months
	Plastic surgery	1	6 months
	Premature baby	1	6 months
	Theatre	12	4–12 months
	Thoracic	3	6–12 months
Wessex	Child and family psychiatry	1	24 months
	Orthopaedic	1	12 months
Oxford	Medical and surgical care of TB patients	1	6 months
	Orthopaedic	2	12 months
	Plastic surgery and burns	1	6 months
	Premature baby	2	3 months
	Thoracic	3	12 months



APPENDIX I—*continued*

Region or group of Teaching Hospitals	Subject of course (i.e. clinical specialty or department)	Number of courses	Length of courses
South Western	Infectious diseases (fevers, TB, V.D. and neuro-respiratory diseases)	1	6 months
	Neurosurgery	1	6 months
	Neuro-respiratory diseases	1	3 months
	Neuro-respiratory diseases and renal failure	1	3 months
	Ophthalmic	1	12 months
	Orthopaedic	2	12 months
	Premature baby	2	6 months
	Premature and special care babies	1	3 months
	Plastic surgery	1	6 months
	Theatre	1	6 months
	Thoracic	1	6 months
Birmingham	Burns	1	1 week
	Orthopaedic	1	12 months
	Paraplegic	1	3 months
	Plaster room and theatre technique	1	3 months
	Surgical nursing technique	1	12 months
	Theatre	1	12 months
	Traumatic surgery	1	12 months
Manchester	Dermatology	1	1 week
	Orthopaedic	2	2-12 months
	Ophthalmic	3	2-12 months
	Otology	1	12 months
	Plastic surgery	1	6 months
	Premature baby	4	3-6 months
	Theatre	1	6 months
	Theatre technique	1	3 months
	Thoracic	1	12 months
Liverpool	Premature baby	2	6 months
	Respiratory diseases	1	3 months
	Theatre	1	6 months
	Tropical diseases	1	3 months
Welsh	Plastic surgery and burns	1	6 months
	Premature baby	4	1-6 months
	Radiotherapy	1	6 months

APPENDIX II  
(See paragraph 33)

**CARDIAC AND THORACIC NURSING COURSE**

*Note*—The notes in square brackets are for the guidance of those providing courses. All the other information is that to be given to those applying to take a course. Under A. “*Facilities for study*” students should be informed of the library facilities, etc., available and under B. (2) “*Practical*”, of the programme proposed.

A. OUTLINE OF COURSE

*Duration*

6 months’ course for registered nurses.

*Object*

To acquire nursing skills and specialised techniques as a registered nurse in cardiac and thoracic nursing.

*Content*

The course covers the medical and surgical aspects of diseases of the chest, the cardiovascular system and the oesophagus, also anaesthetics and radiology in relation to this specialty. Preventive medicine and rehabilitation are included.

*Available experience*

The hospital is recognised by the Regional Hospital Board or Board of Governors as a thoracic and cardiovascular centre. [If cardiac surgery and thoracic surgery are not undertaken in the same unit secondment should be arranged. The Unit should have not less than 40 beds (men, women and children) in addition to operating theatres, out-patient clinics, X-ray facilities, pathological services and physiotherapy.]

*Instruction*

Lectures are given by consultants and registrars, including physicians, surgeons and anaesthetists. Clinical instruction by means of ward rounds and ward classes, is also given by medical staff.

Nursing lectures and demonstrations are given by the tutor in charge of the course in conjunction with experienced ward and departmental sisters and charge nurses.

Talks by a physiotherapist and a medical social worker are also given.

*Tutor to the Course*

Courses are organised by the Tutor to the Course who is experienced in thoracic and cardiac nursing. [The tutor need not be a registered tutor but must have knowledge of the principles of teaching].

*Selection of students*

Undertaken jointly by the Matron and Tutor to the Course.

*Facilities for study*

[A classroom, facilities for film and slide projection, and the use of a library which includes books and journals relating to thoracic and cardiac surgery.]



*Facilities for practice* [There should be a satisfactory ratio of qualified nurses; non-nursing duties should be undertaken by other personnel.]

*Educational programme* Each student is given a programme covering the 6 months' course; this includes:—

2-day orientation course

3 months in the wards (including 4 weeks on night duty)

6 weeks operating theatre

6 weeks intensive care unit (including 2 weeks on night duty)

Night duty will, when possible, be arranged on an internal rota basis.

Half a day's study including tutorials, is arranged weekly by the tutor and three case histories are completed during the course. Each student takes an oral and written test at the end of the course.

## B. SYLLABUS

### (1) *Programme of lectures and demonstrations*

A half-day study weekly, except during the 4 weeks on night duty; within the six months' course (excluding annual leave) this allows for 19-20 half-day study periods.

Lectures— 6—Revision anatomy and physiology with emphasis on applied physiology (lectures given by medical staff and the tutor to the course).

20—Medical and surgical conditions of the thoracic and cardiovascular systems—given by members of the medical staff.

16—Surgical treatment of diseases of the chest, cardiovascular system and oesophagus—given by consultant surgeons or registrars.

4—"Management of ward unit"—given by the Tutor to the Course or the Departmental Sister in charge of the unit.

2—"Management of the operating theatres"—given by the Theatre Superintendent.

3—"Intensive care unit": nursing management of patients, principles of resuscitation, hypothermia—given by the sister in charge.

1—Pre- and post-operative care of patients by physiotherapist—given by a physiotherapist.

1—Welfare of patients—given by a medical social worker.

1—An appreciation of the machines used in this field of work (continuous E.C.G. monitoring equipment of varying types)—given by doctor or technician.

1—Community services and liaison with the hospital services with particular reference to cardiac and thoracic patients—given by a health visitor.

### (2) *Practical*

[The syllabus would normally be taught by the tutor to the course, ward sisters and theatre sister by less formal methods of teaching, e.g., seminars,

group discussion and ward classes. Due regard should be paid to the post-registration status of the students and the teaching programme should be planned accordingly.

The informal teaching would normally occupy 10-12 hours per week and would include planned visits, e.g., to the physiotherapy department, occupational therapy department, X-ray department and outside the hospital to rehabilitation units, local authority services etc.]

### APPENDIX III

(See paragraph 36)

## PREPARATORY COURSE FOR NEW WARD SISTERS AND CHARGE NURSES

*Note*—The notes in square brackets are for the guidance of those providing courses. All other information is that to be given to those taking the course. Under “*Facilities for study*” participants should be informed of the library facilities, etc. available.

### A. OUTLINE OF COURSE

<i>Duration</i>	Four weeks (20 days)
<i>Object</i>	To prepare Staff Nurses about to be appointed to Ward Sister or Charge Nurse posts, for the administrative and teaching aspects of their new posts.
<i>Content</i>	The course covers subjects related to the administrative and teaching functions of Ward Sisters and Charge Nurses. It includes study of the hospital in relation to the Health Service and the community, applied psychology, ward administration and teaching, and other general topics related to the work of the Ward Sister and Charge Nurse.
<i>Available experience</i>	[Organizations arranging courses must employ competent lecturers and teaching staff.]
<i>Instruction</i>	Lectures are given by medical staff, lay administrators, nurse tutors, and administrative nursing staff, besides the Tutor to the Course. Visits and projects are also undertaken.  [Not more than 3 lectures would normally be given each day so that there is time for discussion, group work and visits.]
<i>Facilities for study</i>	[A classroom, facilities for film and slide projection and the use of a library, to include books and journals related to the subjects of the course.]
<i>Tutor to the course</i>	Courses are planned within the framework advised by the Regional Steering Committee, by a nursing educationalist, senior nurse administrator and the tutor to the course. [The tutor to the course need not be a registered tutor but must have a knowledge of the principles of teaching.]
<i>Selection of students</i>	By the Regional Nursing Officer and her staff, on notification by employing authorities.



## B. SYLLABUS

### 1. *Social Background*

- The Welfare State
- Administering the social services
- The National Health Service

### 2. *The Hospital and the Community*

- Hospital planning and design
- The district general hospital
- Development of specialist units
- The effective link between community and hospital

### 3. *Psychology in relation to Ward Administration and Ward Teaching*

- Psychology applied to nursing
- The patients, their families and their problems
- Student and pupil nurses; adolescents and their problems
- Leadership, authority and discipline
- Theories of learning
- Methods of ward teaching

### 4. *Ward Administration*

- The ward as a unit of the hospital
- Responsibilities of the Ward Sister
- Planning and organisation of the ward team and deployment of staff
- Interpersonal relationships and liaison with other departments
- Nurse training
- Occupational hazards
- Assessment of capabilities and progress of staff

### 5. *Ward Teaching*

- Bedside teaching
- Discussions
- Group work
- The written word
- The spoken word

### 6. *General Topics*

- Public relations
- Personnel management
- Problem solving methods
- Appreciation of work study
- The role of clinical instructors
- Committee procedure
- Legal aspects

### 7. *Visits*

- Other types of hospital, e.g., new district general hospital with intensive care unit; psychiatric hospital
- School of nursing
- Public health and domiciliary departments

[Visits to be arranged according to the interests and needs of participants.]

#### APPENDIX IV

(See paragraph 38)

### SHORT FORMAL COURSE FOR EXPERIENCED WARD SISTERS AND CHARGE NURSES

*Note*—Notes in square brackets are for the guidance of those organising courses. All other information is that to be given to those taking the course. Under “*Facilities for study*” participants should be informed of the library facilities, etc., available.

#### A. OUTLINE OF COURSE

<i>Duration</i>	Two weeks (10 days)
<i>Object</i>	To give some formal training to Ward Sisters and Charge Nurses already in post in the administrative and teaching aspects of their post.
<i>Content</i>	The course covers subjects related to the administrative and teaching functions of Ward Sisters and Charge Nurses. It includes study of the hospital in relation to the Health Services and community, applied psychology, ward administration and teaching, and other general topics related to the work of the Ward Sister and Charge Nurse.
<i>Available experience</i>	[Organizations arranging courses must employ competent lecturers and teaching staff.]
<i>Instruction</i>	Lectures are given by medical staff, lay administrators, nurse tutors and administrative nursing staff. Visits and projects are undertaken. [Not more than 3 lectures would normally be given each day so that there is time for discussion, group work and visits.]
<i>Facilities for study</i>	[A classroom, facilities for film and slide projection and the use of a library which includes books and journals related to the subjects of the course.]
<i>Tutor to the course</i>	Courses are planned within the framework advised by the Regional Steering Committee, by a nursing educationalist, a senior nurse administrator and the tutor to the course. [The tutor to the course need not be a registered tutor but must have a knowledge of the principles of teaching.]
<i>Selection of students</i>	By the Regional Nursing Officer and her staff, on notification by employing authorities.

#### B. SYLLABUS

##### 1. *The National Health Service.*

##### 2. *The Hospital and the Community*

Hospital planning and design

The district general hospital and development of special units

The effective link between community and hospital



### 3. *Psychology applied to Nursing*

- The patients and their families and their problems
- Student and pupil nurses and their problems
- Leadership, authority and discipline
- Theories of learning
- Methods of teaching

### 4. *Ward Administration*

- The ward as a unit of the hospital
- Responsibilities of the Ward Sister
- Planning and organisation of the ward team and deployment of staff
- Interpersonal relationships and liaison with other departments
- Nurse training
- Assessment of capabilities and progress of staff

### 5. *Ward Teaching*

- Bedside teaching
- Discussions and group work
- The written word
- The spoken word

### 6. *General Topics*

- Personnel management
- Problem solving methods
- Appreciation of work study
- The role of clinical instructors
- Committee procedure
- Legal aspects

### 7. *Visits*

- Other types of hospital, e.g., new district general hospital with intensive care unit; psychiatric hospital
- School of nursing
- Public health and domiciliary departments

[Visits to be arranged according to the interests and needs of participants.]

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